

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP			IND	DEP	IND	DEP	IND	DEP	
1															
2															
3															
4															
5	1														
6	1														
7		3													
8		3													
9		3													
10		3													
11		3													
12		3													
13		3													
14		3													
15		3													
16		3	20												
17		3													
18		3													
19		3													
20		3													
21		3													
22		3													
23		3													
24		3													
25		3													
26		3	20												
27		3													
28		3													
29		3													
30		3													
31		3													
32		3													
33		3													
34		3													
35		3													
36		3	20												
37		3													
38		3													
39		3													
40		3													
41		3													
42		3													
43		3													
44		3	16												
45															
46															
47															
48															
49															
50															
TOTAL IND.															
TOTAL DEP.															
TOTAL CLAIMS															

76  
44

TOTAL IND. 3  
TOTAL DEP. 117  
TOTAL CLAIMS 120